

# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**  
 Friends for Harry Reid

ADDRESS (number and street) PO Box 19163

☐ Check if different than previously reported. (ACC) Las Vegas NV 89132  
 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

**C** C00204370

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. STATE DISTRICT

NV 00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report  
☒ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE) and/or Semi-annual Report  
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Special (12S) ☐ Convention (12C)  
 Election on / / in the State of

This report also covers the semi-annual period

☐ See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
 Election on / / in the State of

This report also covers the semi-annual period

☐ See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers 07 / 01 / 2013 through 10 / 31 / 2013 and/or ☐ January 1 - June 30 ☐ July 1 - December 31

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

61550.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Claude Zobell

Signature of Treasurer

Claude Zobell

Date

01 / 31 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
 Use  
 Only

FEC FORM 3L  
 02/2009